

DEPARTMENT USE ONLY:

Ref No.

Rel No.

C/R No.

Date Proc.

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625

BRANCH APPLICATION

INDICATE TYPE OF LICENSE:

Motor Vehicle Installment Seller ____ Home Repair Contractor ____ Home Finance Agency ____
Pawnbroker ____ Money Transmitter ____ Foreign Money Transmitter ____ Insurance Premium
Finance Co ____ Non-Profit Debt Adjuster ____ Check Cashier ____

TYPE OR PRINT CLEARLY

1. Name of Applicant: _____
D/B/A or Trade Name (if applicable) _____
2. Principal address as it appears on license: _____

Reference No. _____
3. Address of branch office to be licensed(include, city, state, county & zip code) _____

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a banking license and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

Signature of Corporate President, Partner, Sole Proprietor

Date

Subscribed and sworn to before me at

this _____ day of _____ 20____

(Official Title)